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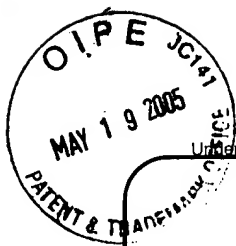
Application Serial No.09/881,407
Confirmation No.8493
Filing Date June 13, 2001
Inventor Zhongze Wang
Assignee Micron Technology, Inc.
Group Art Unit2822
Examiner Perkins, Pamela E.
Attorney's Docket No.MI22-1670
Customer No.21567
Title:..... Methods of Forming Transistor Devices

RESPONSE TO MARCH 24, 2005 FINAL OFFICE ACTION

To: Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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AMENDMENTS



05-20-05

AP/2822
JW

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Approved for use through 07/31/2006. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/881,407
	Filing Date	June 13, 2001
	First Named Inventor	Zhongze Wang
	Art Unit	2822
	Examiner Name	Pamela E. Perkins
Total Number of Pages in This Submission	Attorney Docket Number	MI22-1670

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Return Postcard Receipt
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Wells St. John P.S.	
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Printed name	Robert C. Hyta	
Date	5/18/05	Reg. No. 46,791

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